

Message

From: Daugherty, Patricia [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=WALGREENS.ONMICROSOFT.COM-54052-DAUGHERTY, PATRICIA M. (F1120697)]
Sent: 1/24/2014 4:31:50 PM
To: Polster, Natasha [tasha.polster@walgreens.com]
CC: Bratton, Edward [edward.bratton@walgreens.com]; Dymon, Christopher [christopher.dymon@walgreens.com]; Stahmann, Eric [eric.stahmann@walgreens.com]
Subject: RE: RPh Non-dispensing report
Attachments: Pharmacist Controlled Substance Dispensing Opportunities V3 (4).docx

Attached is our draft.

Thanks

Patty

From: Polster, Natasha
Sent: Wednesday, January 22, 2014 5:01 PM
To: Stahmann, Eric; Dymon, Christopher; Daugherty, Patricia
Cc: Bratton, Edward
Subject: RPh Non-dispensing report

Managers-

Ed and Jeff developed a report that supervisors will be able to use in order to see pharmacists in their districts that are not dispensing a lot of controlled drugs.

The intent is to give visibility into whether or not we have pharmacists that just won't fill a controlled med, or maybe are "selective" about filling them. For example, they have controlled drugs that they fill, but none of them are for TDs. Please develop a communication for the RXS that goes over how they should use the report.

For example: No TD on the RPh's fill report → are there documented refusals in the folder from that RPh?

Need by EOD Friday Jan 24.

Thanks,
Tasha

PLAINTIFFS TRIAL
EXHIBIT

P-19607_00001

WAGMDL00099513

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Pharmacist Controlled Substance Dispensing Opportunities

Goal

Identify opportunities for improvement specific to a pharmacist by reviewing controlled substance dispensing opportunities and correctly following GFD and TD GFD procedures.

Pharmacist Opportunities Tool

- The intent of the tool is to identify pharmacists that are dispensing a low rate of controlled substances which may potentially put an undue burden on fellow pharmacists as well as disrupt customer service levels
- Pharmacists were selected based on low or lack of dispensing in 11 categories:
 - All Controls, All C2 Drugs, Hydromorphone, Oxycodone, Methadone, Carisoprodol, Buprenorphine, Alprazolam, Amphetamines, Hydrocodone, and Tramadol
- Dispensing patterns include low cash percent, low quantity, or low rate by category
- RxS can view pharmacists that have been selected in their district
- Pharmacist data is refreshed quarterly

Pharmacist Opportunities RxS View

- The pharmacist opportunities report is located at: StoreNet > Rx Ops > Pharmacy Policy and Procedures > Rx Integrity > General Information > Rx Integrity Web Portal > GFD Opportunities

Commented [t1]: Do we want to show some screen shots?

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What can I do?

- Review refusals documented in the folder
- Look for documentation that the pharmacist used the tools available as appropriate in making the decision to refuse, such as PDMP, reviewing the patient profile, or speaking with the patient or caregiver.
- Does the documentation support the pharmacist's decision?
- Have a conversation with the pharmacist,
 - Ask them how they follow GFD and TD GFD?
 - Ask how they decide to fill a control prescription vs. refuse a prescription?
 - Review specific refused scripts to better understand if the pharmacist was acting in the best interest of the patient and their care.
 - Encourage the pharmacist to be obtain more information on pain management such as continuing education courses in order to better understand treatment protocol and feel more comfortable in filling controlled substances.

Pharmacists should consider all available resources that can assist them in determining the appropriateness of filling a controlled substance prescription. This may include:

- Referencing the state Prescription Drug Monitoring Program website (in states where this is available)
- Reviewing the patient's profile
- Conversation with patient or caregiver
- Considering information from other pharmacists in the community (if indicated).
- Identifying prescriber trends
- Conversation with prescriber or clinical staff as needed

Talking Points

- The decision to dispense or refuse may vary by pharmacist, **but should be reasonably explained**
- Not all control prescriptions are bad
- Pharmacists should communicate with others in the pharmacy or nearby pharmacies if they are not familiar with a patient or prescriber to obtain feedback and assist in their decision to dispense a prescription
- Pharmacists should use all tools available such as reviewing PDMP, patient history, and or having a conversation with the prescriber before making a determination to fill or refuse a prescription

Supporting Documents

RX Integrity website, web portal, and CE's (includes Pain Case Studies and Pain Management CE's targeted to the pharmacist) located at:

Storenet>RX Ops>Pharmacy Policies and Procedures>RX Integrity

GFD and TD GFD Policy posted on Storenet